



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Graduate Medical Education
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Columbus, Ohio 43210
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**Ohio State University Hospital
Graduate Medical Education Committee
Template for Affiliation Agreements**

For OSUWMC Housestaff Rotating Internationally

1) OSU Program

Department

Division

2) OSU Faculty Supervising the Rotation (often the Program Director)

3) Affiliate Program Name (as it should be listed on Agreement; commonly same as OSU Program Name)

4) Affiliate Site Name and Address

Name

Address

5) Affiliate Supervising the Rotation

Name

Title

6) Are there any other officials who should be signatories? (such as: Designated Institutional Official)

Yes

No

If yes, Name

If yes, Title

7) Affiliate Personnel responsible for reviewing Agreements (such as: GME Office Contact)

Name

Email

Phone Number

OR None (meaning: Affiliate Supervisor will review his/her own agreement [please try to avoid if possible])

8) Type of Rotation (select one)

One Time (meaning: rotator(s) completing one rotation; agreement will only be valid for months of rotation)

On-going (meaning: program plans to send multiple rotators; agreement will be valid for 5 years [such as 6/1/00 – 5/31/05])

Renewal (meaning: on-going agreement already exists; agreement will be valid for another 5 years)

9) Rotation Dates

Start

Finish

10) For One Time Rotations: Resident/Fellow Name(s)

11) For On-going Rotations: Rotation Details (add multiple lines if rotation details differ per PGY year)

PGY year(s)	Rotation Name	Rotation Length	Total Months per academic year
<i>Which PGY(s)</i>	<i>Commonly same as Program, but can be more specific (ie Program: EM → Rotation: MICU)</i>	<i>Length of rotation for each rotator</i>	<i>Considering all rotators (July-June), how many months of year OSU will be present at affiliate</i>

12) Rotation Rationale (select one)

ACGME / Other Accredited Body Requirement

Program Requirement

Other (please describe)

13) Rotation Education Goals / Objectives / Curriculum (send as separate attachment if they don't fit in box)

14) Will travel require Visa?

Yes

No

15) Will travel require vaccinations?

Yes

No

If yes, what?

16) Are there any certification / credential preceptors from the foreign facility?

Yes

No

If yes, what?

17) Are there any travel advisories that may affect safety? (check U.S. Department of State & Centers for Disease Control [CDC])

Yes

No

If yes, what?

Printed Name – Program Director

Signature – OSU Program Director

Date (MM/DD/YYYY)